

upper third of the legs, and the lower part of the abdomen. Around the calcium deposit over the right elbow there was inflammation with a discharging ulcerated area.

Investigations now gave the following results: Urine: albumin ++, scanty erythrocytes, numerous casts. Hb, 16.1 g./100 ml.; W.B.C., 6,000 (normal differential); E.S.R. 57 mm./1st hour (Westergren); L.E. cells absent; R.A. test and latex test negative; routine biochemical blood tests normal. Liver-function tests: thymol turbidity 8 units; cephalin cholesterol +++; ZnSO₄ turbidity, 18 units. Serum electrophoresis: decrease of albumin, increase of α_2 - and γ -globulin. Blood calcium, 11.8 mg./100 ml. (normal value 9–12 mg./100 ml.). Urine calcium 200 mg./24 hours. X-ray pictures of chest, oesophagus, stomach, colon, and spine were normal. Radiographs of limbs and pelvis showed widespread calcifications of the soft tissue of the pelvis, abdominal wall, thighs, arms, and forearms (Figs. 1 and 2). Biopsy revealed marked calcium deposits in the subcutaneous tissue and muscle.

COMMENT

This case presents the typical picture of extensive interstitial calcinosis. Wheeler *et al.* (1952) have reviewed 66 cases of calcinosis, both circumscripta and universalis, of which 54 were collected from the literature and 12 were from their own material. Dermatomyositis was the primary disease in 24 cases, scleroderma in 24, and D.L.E. in only one. In the present case the clinical picture initially resembled that of D.L.E., but in later stages that of dermatomyositis or scleroderma; yet biopsy failed to show the changes of either condition.

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REFERENCE

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Self-induced Fatal Air Embolism in a Man

Self-induced fatal air embolism is probably not very rare, mainly occurring in women who douche to get rid of unwanted pregnancies. Cooke (1950) reported the case of a woman who had a cervical erosion and happened to be pregnant. Simpson (1958) made the important point that death may not be immediate or even rapid, when he described the case of a woman of 35 who collapsed and died several hours after the instrumentation.

In the male, however, the condition is very rare, which is perhaps surprising in view of the bizarre acts practised by some in the hope of relieving sexual tensions. For example, Fox and Barrett (1960) reported three cases of vacuum-cleaner injury to the penis, only slight local damage resulting.

In the following case fatal air embolism is believed to have resulted from self-insufflation of the urethra with a Higginson syringe. As a coincidence the thyroid gland showed the widespread histological picture of lymphadenoid thyroiditis of Hashimoto type, a condition itself rare in males.

CASE REPORT

A man of 69, living alone, was found dead on his hearth-rug beside an overturned chair. He was fully clothed, including a cloth cap and spectacles, but his trousers were down round his feet and his shirt was neatly rolled up to his chest. A broken pudding-bowl was 2 ft. (30 cm.) away, but it was dry. His right arm was extended on the floor and the left was across his chest and a Higginson syringe

was in this hand, both ends being loose and free; only a small amount of spray emerged when the bulb was squeezed.

Necropsy was carried out about 12 hours after death, the findings being as follows. Body of good average nourishment and rigor mortis fully established; large right scrotal hernia; a short superficial split of the skin on the back of the right forearm, and some vomit stain round the mouth. Small bilateral pleural effusions and lungs congested and the left also oedematous. The right ventricle of the heart was rounded and contained frankly frothed blood, and this was also present in the main pulmonary arteries. The urinary bladder appeared slightly rounded, but was empty of urine; no evidence of injury in the lining of the anal canal or rectum was seen, but the urethral lining showed numerous vivid petechiae; these were present in a group just inside the meatus, beyond which the mucosa was almost clear for 4 cm., and then the petechiae were numerous again over the 10 cm. back to the prostate, which was of normal size and appearance; the bladder mucosa was also normal, and showed no trace of haemorrhage. The thyroid gland was somewhat enlarged and abnormally firm. There was frank atheromatous thickening almost throughout the main coronary branches, yet their channels were wide, and the heart muscle and valves were normal. The cause of death was given as "air-embolism due to haemorrhages in the urethral mucosa as a result of distension with air."

Histology.—The thyroid gland showed the coarse lobulation, dense widespread infiltration with lymphocytes and plasma cells (including numerous lymphoid follicles with germ centres), and compression and disorganization of the gland acini throughout, with widespread "pseudo-giant-cell" formation, all typical of Hashimoto thyroiditis. The liver was normal. The kidneys showed fibrosis of a few glomeruli only.

I thank Mr. Norman Graham, H.M. Coroner, Stockton Ward, Co. Durham, for permission to describe this case; and Dr. James Davson, of Manchester, for his confirmation of the thyroid-gland histology.

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"But every now and again someone makes a discovery which significantly extends the horizons of knowledge. The immediate effect of a significant discovery is disruptive. Contrary to common belief, it doesn't always enable you to use your present equipment of knowledge more fully; it is more likely to render your present equipment of knowledge out of date. It may make whole professions or industries superfluous. It may create unemployment not only among operatives, but also among general managers and chief chemists and engineers. . . . No wonder a great discovery—once its consequences are realized—is received with anxiety and dread. No wonder it is resented by the very professionals and experts whose own skills are made obsolete by it. Established knowledge, codified knowledge, examinees' knowledge, may well become the greatest obstacles to the acceptance of a significant discovery. Erudition and competence may be the most sinister enemies of research and invention. This is the paradox. The training you have had here is the foundation of your skill in your profession. You cannot be expected to welcome any discovery which undermines that foundation. Yet obsolescence is built into that training, as surely as it is into the lines of a flashy new car." (Sir Eric Ashby (Master of Clare College, Cambridge), inaugural address, 120th session, School of Pharmacy, London.)